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In fine it may be argued that the seclusion, together with the purificatory rites at the end of it, aim (the one in a positive manner, the other in a negative or precautionary manner) at the physical perfection of the initiate.

I have never met with any native rationale for the *suna qua* ceremonial observance; but a very similar process is sometimes used in the treatment of sickness; and as the argument is in this case fairly clear it may throw some light upon the rite in general. A man who has for some time been suffering from headache and general pains submits himself to treatment called *jura*.[1] Various leaves (*Tebo, Hamanya, Bakimo, Haiva, Hamburi, Kore, Urga*, are the names of some of them—but there are many recipes for *jura*) are scraped and pounded in a wooden dish with coco-nut oil. The patient squats over it covering himself with a pandanus mat, a hot stone is slipped into the dish, and he sits in a cloud of steam. The only remarkable feature about the leaves used is that they all possess a more or less strong smell (*mune*), that of the *tebo* being in European nostrils nothing short of abominable.

Now it is a very common Orokaiva theory that sickness may be due to the immanence of the spirits of the dead in the patient, and I have been assured on more than one occasion that they may be driven out by noisome medicines, simply, it is said, because they cannot endure the smell. The object of the *jura* fumigation, therefore, seems to be to drive out the malignant spirits; and (although I have not noted whether it possessed any strong smell) the ceremonial *suna* may possibly be used with the same idea. The novices during their true initiation in the *embabi* ceremony, and during their subsequent seclusion and association with the flutes and bull-roarer, have been in intimate association with the spirits of the dead—*sevai, embabi*, or *siango*. The fact that there is a vast deal of sham in the whole cycle of ceremonies does not altogether preclude a belief that the *embabi* are really present. As we have observed, make-believe and true

[1] See p. 297. The word is sometimes given to the ceremonial rite which I have called *suna* throughout, but I have not heard the word *suna* given to the 'medical' process.

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753 It is not to be supposed that a native will always be able to set down his ideas of disease and its causes under logical headings, but I have often enough found the above three-fold classification implied and sometimes expressed. One man, for instance, who practised as a healer or expeller of diseases, classified the causes as follows: (1) heat, strain, cold, and the like, where a man is said to sicken '*tebo*', i.e. 'by himself' or 'for nothing'; (2) the entry of injurious substances; (3) the attack of *sovai*; and (4) the use of *inja*, i.e. the sorcerer's specific. His first two divisions will, in the main, coincide with our first class, viz. casual diseases.

Casual Diseases.

[164] Orokaiva natives, like others in the Territory, probably suffer to some considerable extent from malaria. They are certainly afflicted by headaches and attacks of fever. When the colder winds from the south-east, called *pishi*, spring up, they learn to expect these attacks. They call them *ambu isapo*, or 'small sickness', and usually regard them as natural occurrences with no ulterior causes, such as that of a visitation from the *sovai*, or the malice of a sorcerer. So again we find a doctor attributing a man's sickness to a drenching from the rain; or in another case to working in his garden through the hottest part of the day; in another to over-exerting himself by carrying two small pigs tied to a pole across his shoulder. Such straightforward ailments, besides being called *ambu isapo*, 'small sicknesses', are sometimes spoken of as *memei*, which means 'ache' or 'pain'; and in the generality of cases they are accepted without question as natural phenomena, the transient ills to which all flesh is heir.

753 755 It is interesting to note that in the last instance quoted a doctor discovered (by means of a method of extraction to be described presently) several fragments of a pig's larger intestine in the patient's body. This affords an example of the very common view which has been referred to already, viz. that disease or sickness is an intrusive element. It is true that the doctor in question subsequently discovered a variety of other tell-tale fragments and offered a number of

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diagnoses of what must have been a very complicated disease; but, in so far as the disease was due to the strain of carrying the pigs it was *present in* the man's body, evidenced by the pig's intestine. On one occasion my cook-boy, who suffered from headaches, took it upon himself to consult a *bara* woman, i.e. one who practises extraction. She succeeded in removing from his forehead a small piece of trade twist: his complaint had been due to over-smoking. The same woman treated a man with a pain in his foot. It appeared that in fording a stream he had struck his foot against a boulder, and the *bara* woman contrived to extract a small pebble from his instep. This, the man himself told me, must have got into his foot as he crossed the stream. It will be seen presently that there is some doubt whether such material objects are always believed to be actually present in the patient's body. But in the cases where they are not believed to be so present, they are at least allowed to stand in imagination for the sickness, and are thus in keeping with the idea of the sickness as a foreign presence which has intruded itself into the body.

This assimilation or absorption of a sickness mostly comes about by eating, and the diagnosis is, of course, retrospective. A man with a pain in any part of his body—though, we may suppose, usually in the region of his stomach—remembers what he ate, and not unnaturally makes it bear the blame. Any kind of food—bananas, sugar-cane, e.g.—may be intrinsically bad, and the victim still unable to explain why it should be so. Very often, as we shall see, its injurious properties are due to the presence of or contamination by a *sowai*, but this is not invariable. I have known a man profess to abstain from eating snake because he could not bear the thought of the reptile writhing in his stomach, and another who would not eat flying-fox for fear of the internal flapping and fluttering.

All these are examples of casual diseases. They are acquired in the course of daily experience, and they are acquired directly, i.e. not through any personal agency such as that of *sowai* or sorcerer. It seems that we must place in the same category those diseases which were specially

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Sometimes the position is reversed, and unaffected men and women will leave the village for the bush in order to escape an epidemic (*tauni*) which has seized on its inhabitants. In this case there is no doubt as to their motive: they leave the village to escape the *sovai* who have caused the *tauni*.

The few examples I have given, however, will show that the native possesses a certain number of methods in the treatment of sickness which, however wide of the mark they appear to us, are yet in a manner reasonable. They are common knowledge and, to the native at least, common-sense. They are his household remedies.

Expulsive Treatments

From these we may turn to the characteristic kind of treatment which I have called expulsive. There are many varieties of expulsive methods, and they are all based on the very prevalent idea of disease as an intrusive element in the body; furthermore, they call for special powers in those who practise them, so that whereas common-sense treatments are known to any one and every one, expulsive treatments are usually carried out by 'doctors'. This word will stand for those individuals who make a special practice of curing and who are thought to possess powers and medicines (*sivo*) which make their methods effective. The word *sivo* also requires explanation. It stands for good 'medicine', i.e. for any substance (usually a leaf) which possesses a mysterious potency for good; and it applies equally to, e.g., a medicine planted with the taro to make it grow, a medicine given to a sick man to make him well, and a medicine used by a magician to make his methods, the mere routine of magic, have their desired effect.

It is with one general class of *sivo* that I may introduce the subject of expulsive treatments, though it is to be noted that this class (contrary to the general rule of expulsive treatments) consists mostly of home remedies which are not administered by a doctor. In many cases it is impossible to get at the *modus operandi* of the *sivo*, because its use may be traditional and the user may be as ignorant of the way it acts as the ordinary layman is ignorant of the action of *sue*

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vomica. But in not a few cases it appears that the potency of the medicine consists in its smell. Thus we find a man suffering from a severe cold who is taking as medicine a bark called *Siganapa*. This, which is strongly scented, is boiled and the decoction added to a stew which the patient eats. According to the explanation, the sickness inside the man's stomach will smell the *Siganapa* and go away; so that in such a case we may regard the *sivo* as typically expulsive. Such a remedy need not be taken internally; it is enough to smell it in one's nostrils. So a man smells scented leaves for stomach-ache; and I have seen another garlanded about his shoulders and waist with strands of a creeper called *Toibo*, which gave out an abominable smell, resembling that of tree-bugs. Its virtue consisted in its smell (*mune*), by which the sickness was 'frightened away'. Another effective remedy is the fragrant lemon-grass (*Dariva*).

The same idea—that of driving out the sickness by smell—is at the bottom of a process called *jura*, which consists of fumigating the sick (*vide* also pp. 200–1). In one case which I saw the subject had been suffering with headache and general pains. His friends prepared a mixture in which seven kinds of leaf or bark were added to coco-nut milk in a *teva* or wooden dish. The patient descends from his house and squats over the *teva* dish; a hot stone has been held ready in a coco-nut husk and is now dropped into the mixture; a pandanus mat is thrown over all and the patient remains underneath enveloped in steam. Principal among the seven ingredients was *Toibo*, the extremely evil-smelling creeper mentioned above, and all the remaining six had a more or less decided odour.[1]

The commonest and simplest of expulsive treatments is one of a very different kind, known as *kumbari*, 'taking away'. One or more doctors operate on the patient, who lies on his

[1] In another case of this fumigating process, the technique was the same, but the principle apparently quite different. If a man's sickness were diagnosed as the result of eating a 'bad' snake, some snake bones would be put into the *teva* with water and the hot stone added. The patient would sit in the rising steam, and, if the diagnosis were correct, the treatment would be effective. If the sickness were due to eating a 'bad' banana, then banana skins would take the place of snake bones. I did not see this process, nor any similar in principle, carried out, so the information may not be wholly reliable. No satisfactory explanation was offered.

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755 back. They massage his limbs and body, pinching the flesh very hard. The rubbing proceeds usually towards the extremities, and the operator, continually removing his hands from the patient's body with what resembles a plucking motion, affects to be throwing something away. The principle of *bumbari* is to locate the sickness or cause of the sickness in some portion of the sufferer's body, to work it towards the extremities, and there to cast it out.

In conjunction with *bumbari*, we often find the treatment known as *kavo*, or 'blowing'. The operator (known as *kavo-embo*, or 'blower') pauses every now and then to blow into the patient's ears, or his nostrils; sometimes into his hair, and very commonly into his fingers and toes. I have watched a dying infant subjected to the treatment of the *kavo-embo*, and whenever the child opened its mouth in a convulsive yawn the doctor would seize the opportunity of blowing into what he found a convenient aperture. It does not appear certain that *kavo* is an expulsive method, and its significance remains doubtful. No informant ever offered a rationale for the process, so that one is justified in forming an inference. This might be that the blowing into the orifices and extremities of the body was meant to set the disease in motion, and finally to blow it out of the body altogether; but one is inclined to give it a different meaning. The *bumbari* doctors chew a medicine, or *sivo*, before they begin work, and it is this that imparts to them the necessary power to cast out. They chew while they work, and occasionally they spit on to the patient's body; and not only do they blow into his ears, finger-tips, &c., but into their own closed fists. It seems likely, therefore, that the ordinary *kavo*, like the spitting and blowing into the fist, is a means of in-breathing the powerful influence of the *sivo* into the material they are working on and the instruments they are working with.[1]

Perhaps the most interesting of all expulsive treatments is

[1] I find, however, that Mr. Flint, in giving a description of this treatment (together with *bumbari*) under the name of *gau-o* (the Binandele form of *kavo*), does not hesitate to regard it as expulsive. An old woman blew into the ears and mouth of the patient, and Mr. Flint writes, 'This was done to drive out the demon who was keeping the patient ill'. He does not expressly state that this is a native explanation.

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the time-honoured practice of extracting the sickness from the patient's body in some tangible form. Among the Orokaiva this is called *bara*, a word which appears to stand as well for the practice as for the practitioner. To cite an example: a man suffering from temporary lameness called in a *bara* specialist to treat him. The *bara*, having chewed the medicine on which he relies for power, together with some betel-nut, sucked at the patient's leg and finally spat out a mass of chewed betel in which was found a small fragment of wallaby bone. It transpired that the patient had eaten wallaby flesh some time before, and it was assumed that this was the cause of his sickness. In one remarkable instance of this treatment a woman pressed a handful of leaves about a sick infant's neck, coming near to strangling it in the process, and then withdrawing her hand and opening the leaves disclosed a red mass of chewed betel and a huge boar's tusk. It appeared that the mother had eaten a *sovai* pig, and in suckling her child had passed on to it the penalty of sickness.

In the practice of *bara* there is, of course, a great deal of charlatanry, and although the specialist is clever in sleight of hand it is not difficult to see where his opportunities for trickery are taken. In one case where a husband and wife practised in partnership, the former sat on the ground chewing betel and the appropriate medicines, the latter half in and half out of her doorway, and the patient on the platform between the two. The husband having chewed the betel and medicine spits it on to a leaf and hands it up to his wife; she puts it into her own mouth and continues to chew, meanwhile feeling the patient about the body, massaging and squeezing; then she takes the twice-chewed mixture from her mouth and returns it to her husband, who probes it with a small stick and discovers various scraps or objects which purport to have come out of the patient's body into that of the woman. This operation continued for some time with fresh mouthfuls of betel, and the husband succeeded in discovering altogether two fragments of native tobacco leaf, two of pig's intestine, a piece of rat's tail, some human hair, some pandanus seed, and part of a mango leaf—for all of which he had a ready explanation. It will be seen that

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755 there are here many opportunities for introducing foreign substances into the chewed mixture—particularly when the wife takes it from her husband, for she puts it down inside her doorway before putting it into her own mouth. We may also note that there are several methods of *bara*: sometimes the object is sucked out of the patient's body; sometimes it passes up the specialist's arm into her mouth; sometimes it is found actually in her hand.

It is important to note that *bara* is practised by specialists (mostly women in my experience) and that the specialist commonly, if not invariably, takes some medicine (*sivo*) before operating. Thus while the procedure, the mere technique of the process, is common knowledge, yet (in native belief) it is not every one who could succeed in really performing the act. It is certainly remarkable that sick natives readily submit to this treatment and that they apparently place considerable faith in it, often, no doubt, experiencing a certain amount of relief when they see it used on themselves. This confidence, I believe, is mainly due to the belief in the magical, i.e. supernatural, powers of the operator, either intrinsic or acquired by the chewing of a medicine. The doctor—or as we might call him the manipulative surgeon—whether he practise *humbari* or *bara*, begins by himself taking the medicine, which I have elsewhere called more definitely a 'Specific'.[1] This he chews with betel-nut, and it appears to be an essential factor in the cure. The habit of spitting on the patient, and perhaps also that of *kavo*, or blowing, appears to be merely a means of using the medicine on the body of the subject and thus expediting or facilitating the process of casting out or drawing out his disease. It must be borne in mind that the medicine is essential to success.

Expulsive Treatments as Magic

Now in certain of these expulsive treatments we may, I think, find a good illustration of the methods of magic. Sickness being often conceived of as an intrusive element in the body, it is the desire of the patient to have it expelled,

[1] *Vide Orokaiva Magic*, pp. 173, 200 ff.

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and of the doctor to expel it. The doctor, accordingly, employs a method which is essentially that of magic: the whole gist of his treatment is to get rid of the disease in make-believe. He hopes to see it go, and therefore he pretends it is going and gone. He plucks it out and throws it away as in *bumbari*; or, as in *bara*, he takes it clean out of the body in symbolic form—the pig's tusk for the disease caused by eating a *sowai* pig, or the fragment of tobacco for the headache caused by over-smoking. One does not attempt to deny that on the part of the doctor there is often deliberate fraud: he may pretend to extract a wallaby bone simply to gull his patient and perhaps earn a fee. But there is quite another way of looking at the matter. The doctor may be in earnest. He is trying to get the disease out of his patient, so he takes it out in make-believe and in symbolic form. Just as the sorcerer, intent on destroying his victim, makes believe to roast him, so the doctor, intent on curing his patient, makes believe to drag the cause of disease out of his body. He is still pretending, but he enters into the pretence himself; if he is practising deception it is at least half self-deception; he is not bluffing his patient, rather he is entering into a sort of collusion with him, and trying to rid him of the disease in a way which both believe will be effectual. Viewed in this light *bara* is not a piece of chicanery or deception in which the doctor bluffs the patient that he has cured him, but an attempt of a magician to put certain supernatural powers to their proper use. We may even call it an honest attempt.

A good deal hinges on the aetiology of the case. Either the doctor is unaware of any imputed cause before he operates (in which event he would presumably extract any object he pleased and invent a cause in keeping with it) or, on the other hand, he is previously acquainted with the imputed cause (in which event he would extract some object in keeping with or symbolizing that cause). I regret to say that in no case did I make sure of this point, though I should be prepared to guess from general impressions that very frequently, if not usually, the latter event is what we should meet with: the doctor would learn from conversa-

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755 tion with the patient and his friends what was suspected to be the cause of the illness. When, for example, my cook-boy, who suffered from headaches, had a fragment of tobacco drawn from his forehead, or when the man, who struck his foot against a rock in the stream, had a pebble sucked out of his instep, I think it probable that the *bara* woman who performed these operations knew the circumstances of the cases before she began work. I cannot say, to repeat, how often this foreknowledge influences the case, but if and when it does, we may be justified in putting on the act of *bara* this more generous construction, viz. that it is a genuine effort, in the manner which is thoroughly typical of magic, to draw the disease out of the body. It is a symbolic representation of the wished-for result, and by virtue of the special powers of the *bara*, and the medicine which he chews, this representation is felt to assist in bringing about that result.

What we really have to account for is the belief, both on the part of the doctor and patient, that the *bara* treatment can cure. I will not attempt to deny that there may be among *bara* specialists many sheer impostors who wilfully gull their clients and realize that their treatment can do them no good. But I am confident, on the other hand, that many *bara* specialists do believe that they can cure their patients; for the *bara* man commonly feels confidence in his own powers, either intrinsic or acquired from his medicine or specific. What then is his attitude towards his technique, towards the procedure of extracting an object from the patient's body? Of course, he must know that he does not do it in actuality, for he deliberately secretes the object in his hand or mouth. But he makes believe to do so, and he makes the simulation as near reality as possible by tricks of concealment

Regarding the patient we can say with confidence that he believes the *bara* treatment to be able to cure him, otherwise he would not trouble to undergo it. What then is his attitude toward the apparent extraction of an object from his body? He may actually believe, as he sometimes declares he does, that the object is really taken out of his flesh and bone. I certainly cannot think that he always does so

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(though I do not remember hearing an Orokaiva admit a doubt); but if and when he does disbelieve, he enters fully into the pretence of the doctor in whom he places so much confidence. Then not only is the doctor pretending to suck out the wallaby bone, but the patient is also pretending that he sucks it out. To put it shortly, the doctor makes-believe, and the patient either actually believes, or in lieu of that, makes-believe with the doctor, and both of them are confident that the thing works.

After this digression, which is the attempted application of a theory of magic to a special case, we may return to the classification of treatments. Hitherto I have spoken of expulsive treatments mainly in reference to the casual diseases, and the thing expelled is the disease in the abstract, or else some tangible object representing the cause of the disease. But expulsive treatments go further than this: the same principle often applies to the *sovai* diseases, with the difference that now it is the *sovai* itself which is being cast out or enticed out of the sick body. The majority of Taro men (who were credited with powers of healing) proceeded on the assumption that disease was due to a visitation from the *sovai*, and their methods are characteristically expulsive. One, for instance, is to beat drums about the patient. A number of Taro men, like a consultation of doctors, may assemble to treat one man. They sit about him in a circle and beat their drums 'to scare away the *sovai*'. Another idea was to hold the mouth of the drum close to the patient's body, so that the spirit should pass from one into the other, whence it could be expelled by beating in the gardens.[1]

The doctors of the *Baigona* cult were specially qualified to deal with diseases caused by *sovai* in their animal form, e.g. those which a patient usually contracted by eating a *sovai* animal. Their methods accordingly amounted to a casting out of the *sovai* animal which had invaded the body in immaterial form. Thus we see a Baigona man practising *bumbari* and, at the same time, ejaculating *Oro! Baigona!*

[1] It happens that on the only occasion when this method was actually explained to me, it was the *ba asiri*, or spirit of the actual taro plant, which was thought to be causing the disease; but I have no doubt that a similar explanation would be used for the far more numerous cases in which disease is attributed to the spirits of the dead.

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755 *Ena saireri!* which are the proper expressions used in hailing the *sovai* animal and are in this instance addressed to the *sovai* which the operator hopes to cast out of his patient. In other cases the Baigona doctor would simply place his lime-gourd and coco-nut-leaf basket one on either side of the sick man so that they might attract the disease (i.e. the *sovai*) out of his body into themselves. Again, in the most typical of expulsive treatments, viz. that of *bara*, it may be the *sovai* which is removed from the patient, symbolized, e.g. by a tuft of the dead man's hair. It is not necessary to give further examples to show that *sovai* diseases as well as casual diseases are amenable to the expulsive method.

Placatory Treatments

755 There is, however, another method which is applicable
782 to the former and not the latter. This is the method of placation, which to the native is as much a treatment of disease as is the use of the knife or the draught of medicine. The method is best exemplified by the practice of making offerings to the *sovai* in order to induce it to leave the sufferer. Thus we find sets of feathers or ornaments suspended in the village: they are meant for the *sovai* in general, or for some particular *sovai*—probably that of some recently deceased relative of the sick man. It is seldom that such offerings are actually abandoned to the *sovai*: it appears that they usually fall into the hands of the doctor who is attending the case. Natives are very reticent on this subject because they realize that the acceptance of payment for their cures is not always looked on with favour by the Government (the good reason being that, as the characters of the healer and the sorcerer are so mixed together, the acceptance of fees may degenerate into extortion). We may perhaps accept what
[756] is often enough stated to be the rule, viz. that the doctor retains payment only if the patient recovers.[1] So we come

[1] The Rev. Copland King relates a corroborative incident. He had allowed a Baigona healer to try his methods on a mission boy who was dying of consumption. 'Eroro visited Frank every day to see what effect the treatment had. When he found it had done no good, he brought back the pay which had been given, and said that it was a sickness that Frank had brought from the white man's country, and his charms were of no avail. He replaced all but the tobacco, which had been already smoked, and gave necklaces to make up the value.' *Annual Report*, 1912–13, p. 154.

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upon a doctor carrying a bunch of valuable ornaments to his house. They have been handed to him by the husband of a woman who is apparently dying. He explains that he is about to hang them up on his house verandah as an offering to the *sovai* of a man not long deceased, who is supposed to be afflicting the sick woman. If this *sovai* wishes the woman to recover he will accept the presents (which means that they will remain in the possession of the doctor); if he allows the woman to die, then the doctor will return them to her husband, for they have not achieved their purpose.[1]

Apart, however, from these eleventh-hour acts of placation, there are the daily observances which have been constantly referred to in earlier chapters, and these may be regarded as in some degree a prophylactic placation; for they are not meant only to ensure general prosperity, but especially to ward off the sickness which *sovai* malignancy is so fond of inflicting.

In so far as sorcery disease admits of any cure, that cure also is a matter of placation. It is a case of 'squaring' the sorcerer. I have already pointed out that the doctor—whatever his speciality, be it *humbari*, *bara*, or any other—acknowledges his inability to deal with a case that he diagnoses as sorcery; and it has been seen that it is just then, when his stock remedies have been applied without success, that he falls back on this diagnosis. I have seen a Baigona man, celebrated as he was for his powers, stand aside assuming an air of complete indifference while a dying patient was surrounded with wailers. He had tried his own methods without avail, therefore he did not hesitate to say that the

[1] The doctor's responsibilities were indeed sometimes rather severe. I have myself been privately requested to hale one of them before the magistrate for his refusal or inability to effect a cure, and Mr. A. E. Oelrichs, a former Resident Magistrate of the Northern Division, gives the following extreme instance. A man had undertaken to cure a sick woman, and had received from her son-in-law as payment for his 'few passes' a dog and a pig as well as some native ornaments. 'Unfortunately, he returned next day, and, while in the village, the woman died. Her son-in-law then went up to the "doctor" saying, "You did not cure the woman, and, as I have paid you, I am going to kill you." The deceased admitted the fact, but did not attempt to run away. The three prisoners, all of whom were present during the interview, then went to their respective houses, obtained weapons, and, while the son-in-law speared the sorcerer, the other two hit him on the head with stone clubs.' *Annual Report*, 1910–11, p. 132.

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much for the forbearance of an anthropologist, and it is worth recording that this demonstration ended as quickly as it began.

On another occasion I was observing the behaviour of several *Baigona* men (of whom there are still a few in practice). They were treating a patient, and the proper climax of the treatment was reached when the sick man was raised to his feet and allowed slowly to collapse again in what were really horrifying convulsions. The three doctors threw themselves to the ground in a simultaneous fit (which, if less convincing, was more violent than that of their patient), while I kept myself especially busy with pencil and note-book, thinking I might perhaps be the next victim. Turning to my interpreter I failed to find him at my elbow, where he had been a moment previously, but finally caught sight of him at the other end of the village, where he was staggering hither and thither with half a dozen others. Called back very abruptly he said that he had been unable to contain himself; something had 'gone snap' in his head (a phenomenon which he illustrated by snapping his fingers). He was obviously upset and sorry for his lapse, and for a long time afterwards was almost speechless for shame.

The fact that these seizures may be of a collective nature is too well recognized to need elaborating. We have already seen an instance when Buninia inaugurated the cult at Taututu. Dr. Bellamy has given a description of a similar incident which has been quoted in connexion with the Vailala Madness.[1] It is in fact to this collective nature of the *jipari* that the rapid spread of the Taro cult is primarily due.

The native himself may sometimes recognize that the seizures are transmissible to the mass: 'If many men get *jipari*, then those with them are likely to get it also.' This brings us to the question of native theory upon the *jipari*. It has already been explained that the fact of communicating or transmitting the influence is recognized by

[1] *Anthropology*, Report No. 4, 'Vailala Madness', p. 13.

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second category, viz. those caused by the spirits, that the Taro doctor is best qualified to deal. That the spirits of the dead may afflict their surviving friends with illness is an old Orokaiva doctrine; that the spirits of the taro can do the same is presumably a new doctrine, associated only with the new cult.

The native goes in real fear of his dead relatives and in perpetual anxiety lest he should offend them and incur their displeasure. This is probably the reason why a dead man's garden is taboo to his relatives: they fear he may infect the products of it out of sheer malice. If a man ate a banana which a *binei* had touched he would fall ill; so also if he ate one of the *binei* animals, i.e. one on which the dead was reincarnated; or, indeed, if he merely neglected the offerings and the observances which are due to the dead.

In the doctrines of the new cult it was maintained that a man might give offence to the actual taro spirit, and be punished by it with a sickness. Thus there were certain varieties of taro, perfectly wholesome, which were made taboo to the layman of the new cult. They were called *koropa*, or strong, and he ate them at the risk of illness. So again, according to Buninia and Yaviripa, taro might not be pulled without first consulting the Taro men. The taro spirits would be angry with one who was so disrespectful as to break this rule, and would enter into him and lay him up with a sickness.

It is not fair to pester a native for definite explanations of abstrusities. The dead or the taro may *influence* for evil the rash or irreverent, and this influence is felt to be a kind of spiritual possession. Just as the taro spirit may, in the accredited Taro man, be a fund of power, so in the layman who has rashly or ignorantly offended, it may be a source of sickness. We can only say that the native's conception of spiritual possession is not less hazy than our own.

The methods of the doctor are in the main directed towards freeing the patient from the evil influence. The

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time-honoured practice of extracting the source of ailment in some material form, e.g. by sucking it out, is practised by the Orokaiva under the name of *bara*. As I propose to deal at greater length with native medicine in another report, I need not describe this operation here. While commonly performed by the Taro doctor, it is, of course, as a practice of world-wide distribution, long antecedent to the cult. Another process, that of *humbari*, or 'taking', is in universal use. This consists in massaging the patient toward the extremities of his limbs, with a peculiar plucking action. The masseur affects to be catching something from the patient's body and throwing it away. From time to time also he will blow violently into the finger-tips or into the ears, eyes, and nostrils of the sick man. This practice of *humbari*, I am led to understand, was, like that of *bara*, well known to the Orokaiva before the advent of the new cult. The fundamental idea once more seems to be that of casting out or extracting. Mr. Holland informs me that he has seen a *Diroga* man actually suck an open ulcer on another—an operation for which he received some payment and deserved it.

The treatment, however, which is specially associated with the Taro cult is that of drum-beating. The friends of a sick man will invite a number of Taro men to attend him. There is the invariable feast and probably a large concourse of more or less solicitous guests. They gather about the house of sickness and unite their voices in the songs of the *kasamba* to the continual thumping of drums. The patient may even lie in the midst of the group. It is surprising that a man in high fever should not be utterly distracted by the noise; but it is said that a native likes unpleasant medicine: he puts more faith in it. Various explanations are given of the efficacy of the *kasamba* and the drum. Some said that as they made the taro 'get up quickly', so they would make the sick man 'get up quickly'. Apparently it was considered merely an enlivening process. I am informed that one magistrate, being overtaken by the fever, submitted himself by way

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755 533 of experiment to the attentions of the Taro doctor and 'got up quickly'. Others, pointing out that the drum should be held close to the patient, explained that the taro spirit was enticed out of his suffering body into the hollow of the drum. After this the doctor should go to the gardens and beat his drum again, when the spirit, being liberated, would return to the taro. On the whole, however, we may rest assured that the drum is beaten and believed to benefit the long-enduring patient without any searching inquiry on the part of the drummer as to how it does so.

755 A typical example of clinical treatment has been described by Mr. C. T. Wurth : [1]

'Some time ago a man named Arai, of Koena Lakes, had a dream, and a taro named Porovi visited him and gave him directions as regards curing the sick. Thinking this might be a branch of "Baigona" I witnessed the proceedings, which were as follows :— A number of men quietly beating their drums line up in formation while two men go to the house of the sick man, carrying him out and placing him on a mat on the ground. While the patient is lying down his wife (or other relative, if single) places some cooked taro beside him. The men then dance around the sick man, beating their drums. Arai walks once around the patient, glaring at him all the time. When near the feet he suddenly stoops down, drawing his hands on each side of the patient's body, and throws something imaginary away ; he then places his hands over the patient's eyes, then catching hold of an arm (one at a time) he draws his own down to his finger-tips, pulling each finger. The legs of the patient go through the same performance, and each toe also is pulled. After each limb has been attended to Arai throws something imaginary away. All the time the men beating their drums are dancing round the patient. Arai then catches hold of the patient by the hand, and pulls him into a sitting position—up to this time apparently the patient has been unconscious—the sick man then opens his eyes and Arai says, "I fix you up, you have food." The sick man replies, "I come, I have food." He then eats the taro placed beside him, afterwards stands up, throws out each arm, and kicks out each leg, thus showing, thanks to Arai, he is thoroughly cured.'

The *Diroga* men, with whom the spear is a symbol, use it also in the treatment of the sick. Dancing about the

[1] Report by the Acting Resident Magistrate, Northern Division, in *Papua Ann. Report*, 1919–20, p. 63.

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patient they thrust and withdraw quickly, or lay the spear point to his body and then snatch it away as if extracting something. Again, a Taro man may stroke the patient with *Kandoro* leaves (or other *ba sivo*) and then apply them to his own skin, or stick them in his armlet. The express explanation in this case was that the Taro man, through the medium of the taro medicine, was taking the ill-disposed spirit from the sick man back to himself, where it would do no harm.

These methods of the doctor are reinforced by placatory offerings to the spirits. No uncommon sight is a spear driven into the ground before the door of a sick man and weighted with the valuable shell or boar's tusk ornaments which are the Orokaiva's wealth. These are offerings to the spirit who is causing the illness, and are meant to buy off his displeasure. They are set up commonly under directions from the Taro man, and in the event of a recovery they are likely to become his property. If the offerings be of no avail, however, and the patient should die, the Taro man is careful to explain that the ornaments are returned to his people.

The question of payment for the semi-professional services of the Taro doctor is not an easy one. Very often he endeavours to conceal the truth because he has formed the impression that such payments are discountenanced by the Government. It is certain, however, that the taking of payment is a regular practice. It has been pointed out already that the initiator (to use a set term) commonly receives some reward from the initiated (p. 33). The payment of the doctor is a different matter: it is easy to imagine that it might develop into a system of extortion. Sometimes, no doubt, with relatives and fellow villagers, the doctor's services are given free. One man assured me this was so, but afterwards, in a forgetful moment, admitted that his brother-in-law had given him a 'feather-hair' and a trade looking-glass in acknowledgement of a cure. Seldom, I believe, does the doctor send in a metaphorical account. Rather does

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brothers on a raid, telling her to wait for his home-coming, when he would marry her. In due time he came back to the girl's house, far ahead of the others, to tell her that the raiders had been victorious and to take her away to his home. As they set off he bade her go in front, but looking over her shoulder the girl saw him jerking his head and stamping his foot, and finally noticed a trickle of blood from his ear. At that she became alarmed, left her husband on the track, and ran back to the village where she found the raiders bringing in his corpse. Real *diroga* jerk their heads, so should not *Diroga* men do the same?

The dance of the *Diroga* men has already been described (p. 20). With its swift advance and retreat, its dodging and sallying, and its truculent, threatening air, the performance seems to reproduce the attack of the fierce Orokaiva warrior. No native has offered an explanation, but it seems that the warlike nature of the dance is supposedly due to the possession of the dancers by warrior spirits.

The spears have become an emblem of the *Diroga* cult. Many, if not all of them, are found to bear personal names—the names in fact of the actual *diroga* which possess their owners. They are in fact symbols of the dead warriors. It is said, indeed, that 'the spears are men'. This makes clear the practice of gripping or stroking the spear-point. The universal hand-shaking of Taro men has been referred to. With *Diroga* men it is customary to touch their spear-points as well as to shake them by the hand: this, I am told, is a salutation to the *diroga* which is symbolized by the spear. If a man neglect this observance he may fall sick, because he has offended the *diroga*.

It has been said that the profession of curing is more pronounced among the *Diroga* men than among the ordinary followers of the Taro cult. The methods are, however, the same as those previously described, with special emphasis on the use of the spear (p. 60). With

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curing, it is to be feared, goes the implication of sorcery. It may not be without significance that the two or three instances of implied sorcery which have come to my notice are all associated with *Diroga*.

Within the *Diroga* cult itself there is already disintegration. The majority are *Ki-embo* because of their association with the *ki*, or spear; but there are also *Gishi-embo* and *Asivo-embo*, who affect respectively the *gishi*, or pineapple club, and the *asivo*, or wooden sword. Concerning these latter I have only the scantiest information; and no more regarding a distinction between the 'Bush' *Diroga* men and the 'Salt Water' or coastal *Diroga* men.

There are several other more or less important variants of the Taro cult of which I may describe three, viz. those of the *Eriri* men and the *Hobora* men, and thirdly the cult of Manau.

The *Eriri* or 'Rainbow' men are numerous in the Dobodura district. Some years ago one Aragata was mourning the loss of his brother, and after the Orokaiva fashion was embracing his dead body as it lay on the *habara*, or exposure platform, before burial. When Aragata descended from the *habara* he found his legs unsteady, and was forthwith taken in a fit of *jipari*. In the course of this fit, he says, he became aware in some manner that his dead brother's spirit was the cause of it. Further thrills were in store for Aragata, however. That night he dreamt, and in his dream went in search of his brother. The search was fruitless. Aragata found no trace of his kinsman, but came instead to 'the place of the rainbow', where he met one Songe, a man of long ago. Songe (of whom my informant could give no clear account) questioned him and condoled with him, and finally said, 'I give you Taro' (i.e. I make you a Taro man); 'whenever you see a rainbow you will be seized by *jipari*'. Aragata professed that the sight of a rainbow always had the promised effect upon him, and further, that the rainbow and nothing else could produce that effect. Soon, however, he had an enthusiastic following,